## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000057962

Entity Name: AGATE CAPITAL MM LLC **Current Principal Place of Business:** 

9000 SW 137 AVENUE SUITE 216

MIAMI, FL 33186

Apr 20, 2017 **Secretary of State** CC8864057032

**FILED** 

## **Current Mailing Address:**

9000 SW 137 AVENUE **SUITE 216** MIAMI, FL 33186 US

FEI Number: 81-1965189 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SINGH, RAMESHWAR 16033 SW 63 TER MIAMI, FL 33193 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Address

Electronic Signature of Registered Agent

Date

## Authorized Person(s) Detail:

Title **AUTHORIZED MEMBER** COHEN, ELEANOR Name

5151 COLLINS AVENUE

APT # 431

City-State-Zip: MIAMI BEACH FL 33140

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELEANOR COHEN 04/20/2017 MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

Date